

Risk Management Services After Hours



**Chief Executive Office
Risk Management Division**

**CEO RISK MANAGEMENT DIVISION
AFTER HOURS INSTRUCTIONS
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CEO-RISK MANAGEMENT DIVISION
AFTER HOURS INSTRUCTIONS
Phone 209-525-5710 Fax 209-525-5779

Risk Management on-call services are no longer available effective July 1, 2011. This document addresses areas that may arise after hours. In the event of an emergency that is not addressed in this document the Risk Manager may be reached by cell at (209) 652-6567 or as an alternate you may contact the Disability Manager at (209) 996-0682. You may also access additional contact information on the County's emergency contact list.

1. AED (Automated External Defibrillator)

AED Unit has been deployed

During Normal Business Hours

- Immediately notify the CEO-RMD (CEO-Risk Management Division) and a Safety representative will be dispatched to your location.
- Complete the AED use report located in the AED side pocket, last page in the AED Protocol document. (Appendix 1)

After Hours

- Immediately notify the CEO-RMD via email CountySafety@stancounty.com and or leave a voice mail message at 209-525-5710 including the location of the AED and your contact information. A representative will respond the next business day.
- Complete the AED use report located in the AED side pocket, last page in the AED Protocol document. (Appendix 1)
- You are encouraged to obtain a replacement AED from Stanislaus County Regional 911 as soon as possible. Bring a completed AED Exchange Unit form located at the back of this document (Appendix 2), along with the used unit to 3705 Oakdale Road, Modesto, to exchange AED units. To gain access to the building after hours you may need to call 209-552-3911.

AED unit is beeping and displaying a red indicator light

During Normal Business Hours

- Immediately notify the CEO-RMD Safety Unit to report. A representative will come to your site to evaluate the unit. The battery may need to be replaced or there could be something wrong with the unit that would necessitate replacement of the unit.

After Hours

- Email the CEO-RMD CountySafety@stancounty.com and/or leave a voice mail message at 209-525-5710 to report the problem, including the location of the AED and your contact information. A representative will respond the next business day.
- As a temporary measure, open and close the lid. If the problem is due to a low battery, the beeping should stop for 24 hours. The AED will continue to be able to administer five to six more shocks, if needed. It is critical that this incident be reported to the CEO-RMD as soon as practicable. The unit will need to be evaluated and battery and/or unit replaced.
- You may also obtain a replacement AED from Stanislaus County Regional 911. Bring a completed AED Exchange Unit form located at the back of this document (Appendix 2), along with the unit to 3705 Oakdale Road, Modesto, to exchange AED units. To gain access to the building you may need to call 209-525-3911.

2. SERIOUS INJURY OR ILLNESS - MANDATED OSHA REPORTING

OSHA regulations require mandatory reporting of serious employee injuries and illnesses within 8-hours of the employer's knowledge of the qualifying event. This requirement includes injuries occurring at all hours of the day, weekends and holidays. Failure to report qualifying injuries or illnesses in a timely manner may result in financial penalties.

Serious Injury or Illness Definition

Title 8 Section 330 (h) "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

During Normal Business Hours

- Immediately notify the CEO-RMD Safety Unit to report. CEO-RMD will report the incident to OSHA and assist the department through the reporting process.

After Hours

- Complete Appendix 3 at the back of this document to guide you through the OSHA reporting process. Once you have completed the OSHA reporting process, send an email to CEO-RMD CountySafety@stancounty.com and/or leave a voice mail message at 209-525-5710 and a representative will respond the next business day.

3. OSHA INSPECTION

OSHA Inspectors have a right to inspect the workplace under various conditions of authority. Inspectors may contact you in advance to set up an inspection appointment or may appear on-site without an appointment.

Inspections During Normal Business Hours

- Confirm the OSHA Inspector's identification and ask the Inspector to wait while you contact CEO-RMD for assistance. Immediately notify the CEO-RMD Safety Unit at 209-525-5710 to report the inspection. A safety representative will report to your facility to escort the OSHA inspector during the inspection.

After Hours

- Confirm the OSHA Inspector's identification and ask for their cooperation in scheduling an alternate inspection time during normal business hours with the assistance of County safety personnel in CEO-RMD. If the Inspector declines the request to reschedule and cites proper authority to access the work location, you will need to allow access to your facilities.
- During an inspection, accompany the Inspector, cooperate with the investigation, answer questions briefly, do not volunteer any information, if you do not know the answer to the question, advise the Inspector you will find out and get back to them.
- If the Inspector takes pictures or measurements, you should take pictures and measurements from the same angle and ask what they are looking at. If any documents are requested, be sure to have the Inspector provide you with a written request. Do not provide any documents without receiving County Counsel's prior approval.
- Once complete, send an email to CEO-RMD CountySafety@stancounty.com and/or leave a voice mail message at 209-525-5710 and a representative will follow-up on the inspection the next business day.

4. DEATH OF AN EMPLOYEE

If an employee dies while at work report the death to the Chief Executive Office and the CEO-RMD as soon as practicable. This may require a mandatory report to OSHA (within 8 hours of our knowledge - see OSHA Reporting Requirements on page 2 of this document). If the employee dies during non-work hours please report the death to CEO-RMD the next business day. The following is a list of resources that may be of use to a deceased employee's family:

Employee Assistance Program

Employees and their immediate family members also have access to CompPsych available 24 hours a day, seven days a week at 877-533-2363 or on line at <https://guidanceresources.com>. The County's company Web ID is MY5848i.

Survivor's Health Insurance and/or Employee's Death Benefits

The County provides Basic Life Insurance for full time employees. The amount of Basic Life Insurance depends on the employee's classification as follows:

- 1) Regular Employee - \$10,000
- 2) Management - \$30,000 plus AD&D (Accident Death & Dismemberment)
- 3) Attorney - \$50,000 plus AD&D

The County also offers voluntary Supplemental Life and AD&D coverage in addition to basic life insurance provided by the County. Contact CEO RMD for information regarding life insurance and/or continuation of survivor's health insurance.

Funeral Planning and Concierge Service

Employees with County life insurance and their eligible family members have access to Everest Funeral Planning and Concierge Service (1-877-456-5050) to assist with funeral planning and negotiation at time of need as well as pre-planning tools that can be used to research and document decisions and wishes. Additional information can be found at:

<http://www.stancounty.com/riskmgmt/common/docs/eb-forms/eap-funeral.pdf>

Retirement Benefits

Contact StanCERA at 209-525-6393. Cash-out of retirement benefits and or death benefit for the Retiree are administered by StanCERA. A copy of the death certificate is required. A copy of the marriage license may also be required. The family should call ahead to determine what documentation will be required.

Veterans Burial Benefits

The Veterans Services Office can assist with Veteran's burial benefits, life insurance and other relevant benefits if the employee/retiree was a veteran of the armed forces. Their office is located at 121 Downey Ave, Ste 102, Modesto 209-558-7380.

Social Security Benefits

Social Security Administration –1521 N Carpenter Rd Ste E-1, Modesto 209-523-2670.

5. THREATS TO SAFETY

In the case of imminent danger or violence where immediate assistance must be sought, contact law enforcement by dialing 911.

1. Dial 9-911 (from a County phone)
2. Dial 911 (from a non-County phone)
3. Dial 209-558-4357 (from a cell phone)

If evacuation is necessary during or after normal business hours, contact the Chief Executive Office and the CEO-RMD after evacuation has been completed to report the incident.

Biological/Chemical Terrorism Threat

- If a credible threat or suspicious item is discovered, evacuate the area and call 911.

Bomb Threat

- The person receiving the call or threat should immediately complete the Bomb Threat Checklist. (Appendix 4)
- If a credible threat or suspicious item is discovered, evacuate the area and call 911.

Security Violence in the Workplace

If the offender is an employee contact the CEO HR staff to determine if the employee should be placed on a leave of absence while the complaint is investigated, moved to an alternate location or evaluated for fitness for duty.

If the offender is a client or other non-employee consider the need for:

- 1) temporary restraining order to be in place
- 2) local law enforcement to be notified and are they willing to provide drive by checks
- 3) photo of the offender to be posted or distributed to staff including reception
- 4) phone recording system to be in place and message to be preserved, contact SBT or your county's IT unit
- 5) entrance and exits to be secured
- 6) obtaining additional security
- 7) impacted employees notified that employee assistance is available through CompPsych available 24 hours a day, seven days a week at 877-533-2363 or on line at <https://guidanceresources.com>. The County's company Web ID is MY5848i.
- 8) notification of other departments that may serve the same customer or be at risk

If the situation occurred off site and a county vehicle was involved notify Fleet Services immediately and if necessary provide the impacted employee with an exchange in fleet vehicles. Determine if alternate parking arrangements are necessary.

Department should maintain a list of all Temporary Restraining Orders (TRO) that may affect their department and notify the CEO-RMD as soon as practical.

Report incident to CEO-Risk Management Division Safety Personnel by phone 525-5710 and/or via email CountySafety@stancounty.com

Suspicious Package

Any suspicious package is to be treated like a bomb until we know otherwise. Check to see to whom the package is addressed.

- Are they expecting the package?
- Who delivered the package – what do they know, do they know the sender?

If package remains suspicious, evacuate the immediate area and call 911.

Contact the Chief Executive Office and the CEO-RMD.

6. BUSINESS INTERRUPTIONS

Power Outage, Sewer or Water Interruption

If interruption to building lighting, sewer and or water is expected to be of a short duration, evacuation may not be necessary. If the disruption of service is anticipated to be for an extended period of time contact the Chief Executive Office immediately to evaluate evacuation options. Report the evacuation to the CEO-RMD.

Asbestos and/or Lead

Refer Tab 13 of your department's Safety Manual for a copy of your department's asbestos and or lead inventory.

If there is an asbestos or lead exposure immediately contact the County's Asbestos Program Manager, Scott Shook in the General Services Agency at 209-558-1097 or Joshua Ewen in the Chief Executive Office at 209-408-5851. For after hours contact, please refer to the County emergency contact list to reach a member of the Chief Executive Office and CEO-RMD.

7. PROPERTY DAMAGE

Burglary

Report the incident to local law enforcement and report to the CEO-RMD by phone 209-525-5710 and/or via email CountySafety@stancounty.com

Vandalism (felony – cost to repair of \$400 or more)

Report the incident to local law enforcement and report to the CEO-RMD by phone 209-525-5710 and/or via email CountySafety@stancounty.com

Fire

Deploy one of the department's fire extinguishers if safe to do so and follow up with a report to the fire department, the Chief Executive Office, and the CEO-RMD.

If fire is too large to be extinguished, using the department's fire extinguisher(s) immediately evacuate all personnel from the building and call 911. Once safely evacuated and the fire department has been notified contact the Chief Executive Office and the CEO-RMD.

8. Department of Transportation (DOT) AFTER HOURS TESTING

Certain County employees are subject to additional driving regulations and drug testing standards under the Federal Department of Transportation (DOT). For employees subject to DOT regulations, DOT requires drug screening within two hours for drivers involved in a qualifying event as identified in the table below. Failure to comply may result in financial penalties, loss of license or loss of authority to operate vehicles.

| <i>DOT Drug Screening Qualifying Events</i> | | |
|--|---|---|
| Type of Accident Involved | Citation Issued to the Commercial Driver | Test Must be Performed by the Employer |
| Human Fatality | Yes | Yes |
| | No | Yes |
| Bodily injury with immediate medical treatment away from the scene | Yes | Yes |
| | No | No |
| Disabling damage to any motor vehicle requiring tow away | Yes | Yes |
| | No | No |

After hours drug and alcohol testing of a DOT covered Employee

- 1) Obtain the standard *Employee Clinic Passport* form (Appendix 5).
- 2) Check off the *After Hours & Weekends* box and follow instructions on the form.
- 3) Complete the *Employee Clinic Passport* (drug **and** alcohol testing).
- 4) Testing must occur within two hours post motor vehicle accident or department's decision to test for reasonable suspicion.
- 5) Alere provides administration and medical review services for the County's DOT drug testing program and will provide you with the location of the collection site after normal business hours by calling (877) 292-1822. In the event the testing site is out of County you **must** contact the Department Head and obtain a Trip Authorization form.
- 6) Employee to be transported to test site by Supervisor/Manager. The employee must have a photo ID and it would be helpful for the Supervisor/Manager to have an Employee Clinic Passport.
- 7) Proceed to the test site and allow them to handle the collection process.

Phone Numbers

Normal Operations Numbers (Call in Order)

| | | |
|------------------|----------|------------------------------|
| Peggy Dominguez | 525-5781 | Normal Day to Day Operations |
| Peggy Huntsinger | 525-5770 | Manager of the DOT Program |
| David Becker | 525-5776 | Back-up # 1 |
| Kevin Watson | 525-5777 | Back-up # 2 |

| | | |
|-----------------|----------|---------------------------|
| US Health Works | 581-9711 | 1340 Mitchell Rd. Modesto |
| | 575-5801 | 1524 McHenry Ave Modesto |

| | | |
|----------|------------------------------------|--|
| CSAC EIA | 916-850-7300 | |
| | Scarlett Davis or Charles Williams | |

Drug Testing Vendor - Alere

800-433-3823 Ext. #68295
Patrick Taplin or Premier Client Services

After Hours 877-292-1822

Listen for the prompt then state you have a Post Accident/Reasonable Suspicion Situation and need a 24/7 collection location. Alere will call back with an available location as close as geographically possible.

AED PROTOCOL

Date: _____

Incident #: _____
(CEO – RMD use only)

Patient Information:

Name: _____

Address: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Site address of incident: _____

Witnessed Arrest? Yes No

By whom: _____

Breathing upon arrival of designated responders? Yes No

Conscious upon arrival of designated responders? Yes No

CPR Provided? Yes No

Cardiac Arrest after responders arrival? Yes No

Number of Defibrillations: _____

Efforts Terminated in the Field : _____ relieved by _____

_____ victim recovered _____ scene became unsafe _____ responder exhausted

Any complications? Yes No Comments: _____

Brief description of events leading up to the use of the AED: _____

Ambulance Agency Responding: _____

Victim transported to: _____

AED User's Name: _____

User's Signature: _____

If AED is used contact CEO-RMD at 525-5710 and fax this completed form to 525-5779 immediately.

Medical Director Signature: _____ Date: _____

AED Replacement Unit

Department Name: _____

Department Address: _____

Contact Name: _____

Contact Phone #: _____

AED Inventory Tag or Serial # Received: _____

AED Inventory Tag or Serial # Exchange Unit: _____

Date of Exchange: _____

AED Use Report received: Yes No

Stanislaus County Regional 911 Employee Providing Replacement Unit:

OSHA Reporting Criteria for Serious Injury or Death

Any employment related hospitalization for a period in excess of 24 hours for other than medical observation **or** loss of any member of the body occurs **or** the injured worker suffers any serious degree of permanent disfigurement, with the exception of; injury or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code (involving high voltage), or an accident on public street or highway.

Immediately means as soon as practicable, not to exceed 8 hours of employer knowledge or with diligence should have known. Failure to report timely may result in a fine or other violation

OSHA – Modesto (209) 545-7310

- (1) Time and date of accident.
- (2) Employer's name, address and contact telephone number.
- (3) Name and job title, or badge number of person reporting the accident.
- (4) Address of site of accident or event.
- (5) Name of person to contact at site of accident.
- (6) Name and address of injured employee(s).
- (7) Nature of injury.
- (8) Location where injured employee(s) was (were) moved to.
- (9) List and identity law enforcement agencies present at the site of accident.
- (10) Description of accident and whether the accident scene or instrumentality has been altered.

Fax or email the completed Appendix 3 to the CEO-RMD at 209-525-5779 or CountySafety@stancounty.com respectively.

BOMB THREAT CHECKLIST TELEPHONE PROCEDURES

NOTIFY SHERIFF IMMEDIATELY AT 9-911

Pretend difficulty with hearing. Keep caller talking-if caller seems agreeable to further questions, ask:

When will it go off? Hour _____ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

How do you know about bombs? _____

Where are you now? _____

What is your name and address? _____

Write out exact words said: _____

Notify your supervisor as instructed. Do not talk to others until instructed by your supervisor. Be available for interview by an investigating officer.

Your name: _____ Time: _____ Date: _____

Caller's Identity: Male _____ Female _____ Adult _____ Juvenile _____ Approx. Age _____

Origin of call: Local _____ Long Distance _____ Phone Booth _____ Other _____

Voice: Loud _____ High Pitch _____ Raspy _____ Intoxicated _____ Soft _____ Deep _____
Pleasant _____ Other _____

Speech: Fast _____ Distinct _____ Stutter _____ Slurred _____ Slow _____ Distorted _____
Nasal _____ Lisp _____ Other _____

Language: Excellent _____ Fair _____ Foul _____ Good _____ Poor _____ Other _____

Accent: Local _____ Foreign _____ Race _____ Not Local _____ Region _____

Manner: Calm _____ Rational _____ Coherent _____ Deliberate _____ Righteous _____
Angry _____ Irrational _____ Incoherent _____ Emotional _____ Laughing _____

Background Noises: Factory Machines _____ Bedlam _____ Music _____ Office Machines _____
Mixed _____ Street Traffic _____ Trains _____ Animals _____ Quiet _____
Voices _____ Airplanes _____ Party Atmosphere _____ Other _____

Be calm. Be courteous. Listen. Do not interrupt the caller. Notify supervisor by prearranged signal while caller is on the line.

NOTIFY SHERIFF IMMEDIATELY AT 9-911

| |
|---------------------|
| For Clinic Use Only |
| |

EMPLOYEE CLINIC PASSPORT
County of Stanislaus

Employee Instructions: Bring this form and your Drivers License to the clinic location indicated.

Collection Site Instructions: **Do Not Attach this sheet to the Chain of Custody Form** to be sent to Alere. Call County contact if you have questions.

| | | |
|---|---|--|
| <input type="checkbox"/> Modesto U.S. HealthWorks 1340 Mitchell Road Modesto, CA 95351 (209) 581-9711 M-F 7:00 am – 7:00 pm | <input type="checkbox"/> After Hours & Weekends (877) 292-1822 Listen for the prompt then state you have a <u>post accident/reasonable suspicion situation</u> and need a 24/7 collection location. Alere will call back with an available location as close as geographically possible. | <input type="checkbox"/> Modesto U.S. HealthWorks 1524 McHenry Ave, Ste 500 Modesto, CA 95350 (209) 575-5801 M-F 8:00 am – 6:00 pm |
|---|---|--|

Testing Purpose and Type: check the appropriate boxes.

DOT REQUIRED

- | | | |
|--|--|---|
| <input type="checkbox"/> FHWA | <input type="checkbox"/> FTA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drug (urine specimen) | <input type="checkbox"/> Alcohol (breath specimen) | <input type="checkbox"/> Both |
| <input type="checkbox"/> Random | <input type="checkbox"/> Pre-Employment/Assignment | <input type="checkbox"/> Follow Up |
| <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Return to Duty |

Account Number: 554628001 (DOT Test)

Employee Information

Employee ID Number _____
 (OR Soc. Security Number)

Employee's Drivers License number: _____
(Supervisor must verify that employee has license in possession)

Employee's daytime telephone number: () _____

Employee's evening telephone number: () _____

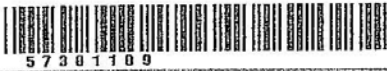
If alcohol test is positive or if information is needed, contact: Diane Pearson @ (209) 525-5781, Peggy Huntsinger @ (209) 525-5770, David Becker @ (209) 525-5776 or Kevin Watson @ (209) 525-5777

5343111491



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 | Phone: 504-361-8989 | Fax: 504-361-8298



57381109

AIRBILL NUMBER

LAB NUMBER

STEP 1: To be completed by Collector or Employer Representative

SPECIMEN ID NUMBER 57381109

A. Employer Name, Address, ID No.
 STANISLAUS COUNTY/DOT
 1010 10TH ST SUITE 5900
 MODESTO, CA 95354
 209-525-5781 209-525-4629

Facility Number
 554628101

B. MRO Name, Address, Phone No., and Fax No.
 HEINEN, BRIAN MD
 351 LEON AVE
 EUNICE, LA 70535
 (800) 457-0493 337-457-3353

C. Donor SSN or Employee I.D. No.:

D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG
 E. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify):
 F. Drug Tests to be Performed: THC, COC, PCP, OPI, & AMP THC & COC Only Other (specify):

G. Collection Site Address:
 TO BE COMPLETED BY COLLECTOR

Collector Phone No.:
 Collector Fax No.:

Collector Number

STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes.
 Is temperature between 90° and 100°F? Yes No, Enter Remark
 Collection: Split Single None Provided, Enter Remark Observed, Enter Remark

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).
 STEP 4: Chain of Custody, initiated by Collector and completed by Test Facility

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

PRINT Collector Name (First, MI, Last) _____ Date Collected (Mo/Dy/Yr) _____
 Signature of Collector _____ Time Collected: _____ : _____ AM PM
 Name of Delivery Service _____

SPECIMEN BOTTLE(S) RELEASED TO:

Received at Lab or IITF:
 Signature of Accessioner _____ Date (Mo/Dy/Yr) _____
 PRINT Accessioner's Name (First, MI, Last) _____

Primary Specimen Bottle Seal Intact? Yes No
 If No, enter remark in Step 5A.

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: Primary Specimen Report to be completed by Test Facility

NEGATIVE POSITIVE for: Marijuana Metabolite (THCA) 6-Acetyl Morphine Methamphetamine MDMA
 DILUTE Cocaine Metabolite (BZE) Morphine Amphetamine MDA
 PCP Codeine MDEA

REJECTED ADULTERATED SUBSTITUTED INVALID RESULT

Remarks:
 Test Facility (if different from above):
 I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Technician/Scientist _____ PRINT Certifying Technician/Scientist Name (First, MI, Last) _____ Date (Mo/Dy/Yr) _____

STEP 5B: To be completed by Split Testing Laboratory

RECONFIRMED FAILED TO RECONFIRM - REASON: _____

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

Signature of Certifying Scientist _____ PRINT Certifying Scientist Name _____ Date (Mo/Dy/Yr) _____

P
E
E
L

SPECIMEN ID NO.

P
E
E
L

SPECIMEN ID NO.

A

B
(SPLIT)



57381109
 SPECIMEN BOTTLE SEAL

57381109
 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)
 Donor's Initials

Date (Mo./Day/Yr.)
 Donor's Initials